Exhibit 16



Physical Therapy Pres	scription
Patients Name:	Date 1 20 10
Diagnosis: 1. TALS rai	
Diagnosis: 2.	
Diagnosis: 3	
Diagnosis: 4	
Evaluate & Treat:	Area: Tt Come
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Frequency: 3/62 Duration: 46	Som Onset Date: 1. 6-10
Precautions:	
Physicians Name: Dr. R. Gunabal	an
Physicians Signature: & Game Bala	Date:



17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021

Phone: (586) 279-3200 Fax: (586) 279-3184

	Occupational The	rapy Prescription
Patients Name:		Date 28/18
Diagnosis: 1.	T&L Strain	
Diagnosis: 2.		
Diagnosis: 3		
Diagnosis: 4		
		·
Evaluate & Treat	: <u>×</u>	Area: TEL Spins
Evaluate & Treat	•	Area:
Evaluate & Treat	•	Area:
Evaluate & Treat		Area:
Frequency:	3 Wh Duration:	4 Whs Onset Date: 1/6/10
Precautions:		
Physicians Name:	R, Gunaba	lan MD
Physicians Signat	ure: KGumb	Date: 2/8/10



17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021

Phone: (586) 279-3200 Fax: (586) 279-3184

Physical Therapy Pre	
Patients Name:	Date_31110
Diagnosis: 1. T4 C5/2	
Diagnosis: 2.	
Diagnosis: 3	
Diagnosis: 4	
Evaluate & Treat:	Area: _ T + L-30000
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Evaluate & Treat:	Area:
Frequency: 3/402 Duration: 44	123 Onset Date: 1-6-10
Precautions:	
Physicians Name: R Gunabalan	MD
Physicians Name: Kounabalan Physicians Signature: Research Take	- Date: 3-1.10



17200 E. 10 Mile Rd. Suite 135 Eastpointe, MI 48021

Phone: (586) 279-3200 Fax: (586) 279-3184

p	Occupational The	<u>erapy Prescri</u> pt	ion
Patients Name		1	Date 3110
Diagnosis: 1.	Pist. Tr. la	odachis	Madestand and the same and the
Diagnosis: 2.			W
Diagnosis: 3			
Diagnosis: 4			
Evaluate & Treat:		Area:	haraches
Evaluate & Treat:		Атеа:	
Evaluate & Treat:		Area:	
Evaluate & Treat:		Area:	
Frequency:	3 (D) Duration:	<u> 4000</u> Or	set Date: <u>[0</u>
Precautions:			
Physicians Name: _	R. Gunab	alan MD	
Physicians Signature	: RG	Note: Date:	3/1/10
			I

Phay (gal)



CHOICE HOUSE CALL

17200 E. 10 Mile Rd. Suite 135
Eastpointe, MI 48021

Eastpointe, MI 48021 Phone: (586) 279-3200 Fax: (586) 279-3184

	Physi	ical Therai	ov Prescri	ption			
Patients Name:				- Dat	· 3-21/	10	
Diagnosis: 1.	Cervico	al + i	inter	Ruc	(
Diagnosis: 2.		·					
Diagnosis: 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· ·	·			
Diagnosis: 4							
				•			÷.
Evaluate & Treat:	. \	\		Area:	Co	L =	Dive-
Evaluate & Treat:				Area:			
Evaluate & Treat:				Area:			
Evaluate & Treat:	and the second s			Area:		*****	
Frequency: 3	WK	Duration:	Yuke	Onset	Date:	•	
Precautions:	<u> </u>						
Physicians Name: (Duina	0			<u> </u>		
Physicians Signature		1=	7)D	ate:	3/31/10	<u>></u>	



17200 E. 10 Mile Rd. Suite 135

Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

	₽h	ysical The	rahy Pres	rrintion .		
	* f1	30.021 11101	~PJ 1155		-1.1	
Patients Name:				_ Diate	2/10/1	<u>) </u>
Diagnosiș; 1.	<u>Ci</u>	6 (_ 500	(G, w)	Rfo.	lec(
Diagnosis: 2.			; <i>V</i>	•		
Diagnosis: 3		•	•		****	
Diagnosis; 4			·····			
						•
Evaluate & Treat:			•	Area:	46	Spire
Evaluate & Treat:		· .		Area:	· ·	MATERIOL No show the Na
Evaluate & Treat:				<u>Area:</u>		
Evaluate & Treat;	-		· · · · · · · · · · · · · · · · · · ·	Атеа:		
Frequency: 3/4) <u> </u>	Duration:	duk	≤ Onset Da	ta: 3/21/	10
Precautions:				***************************************		
Physicians Name:	M.Q.	ringa J	00	.*	ŗ;	
Physicians Signature:		-0	D	ate: <i>S</i> /	10/10	
-						-



CHOICE HOUSE CALL.
17200 È. 10 Mile Rd. Suite 135
Eastpointe, MI 48021
Phone: (586) 279-3200 Fax: (586) 279-3184

:	Occupational T	herapy Prescrip	tion '
Patients Nama:_			Date 5/10/10
Diagnosis: 1.	Post Lec	imatic	- Headaches
Diagnosis: 2.	(R) Rib	Contracti	500
Diagnosis: 3		4	•
Di≘gnosis: 4			
	•		-
Evaluate & Treat:	<u> </u>	Area: (2 R. bs.
Evaluate & Treat:		Area:	Head
Evaluate & Treat:		Area; _	<u> </u>
Evaluate & Treat:	4	Area:	•
Frequency:	Duration:	Clubsons	et Date:
Precautions:			
Physicians Name:	M. Quince D	<u>() </u>	· · · · · · · · · · · · · · · · · · ·
Physicians Signature;	(20)	Date:	Slola
			•



22 BN9305

	Physical Thera	apy Prescription	
Patients Name:		Dat	e 6/23/10
Diagnosis: 1.	CTL	Shear	(A)
Diagnosis: 2.			
Diagnosis: 3			
Diagnosis: 4			
Evaluate & Treat:	Area:	C75	e la
Evaluate & Treat:	Area:		,
Evaluate & Treat:	Area:		
Evaluate & Treat:	Area:		
requency: 3 tin	nes/week Duration:	4 weeks onset	Date:
hysicians Name:	Martin Quiro	ga. DO	
hysicians Signature	A	Date:	23/10



Occupational Therapy Prescription
Patients Name: Date
Diagnosis: 1. Post Hounast H.A.
Diagnosis: 2.
Diagnosis: 3
Diagnosis: 4
Evaluate & Treat: Area: Head-
Evaluate & Treat: Area:
Evaluate & Treat: Area:
Evaluate & Treat: Area:
Frequency: 3 times/week Duration: 4 weeks Onset Date:
Precautions:
Physicians Name: Martin Quiroga, DO
Physicians Signature: Date: 6/23/10





	Occupational Therapy Prescription			
Patients Name			Date/0/27/0	
Diagnosis: 1.	Post	MUA	H.A.	
Diagnosis: 2.				
Diagnosis: 3				
Diagnosis: 4		,		
Evaluate & Treat:	Area:	Head		
Evaluate & Treat:	Area:			
Evaluate & Treat:	Area:			
Evaluate & Treat:	Area:			
Frequency: 3 tim	es/week_ Duratio	n: 4 weeks	Onset Date:	
Precautions:				
Physicians Name:Physicians Signature:	T	ga, DO Date:	18/27/10	



<u></u>	Occupational Therapy Prescription	
Patients Name:		
Diagnosis: 1.	Post Concussive H.A.	
Diagnosis: 2.	·	_
Diagnosis: 3		_
Diagnosis: 4		_
Evaluate & Treat:	Area: Head.	
Evaluate & Treat:	Area:	
Evaluate & Treat:	Area:	
Evaluate & Treat:	Area:	
Frequency: 3 tim	es/week Duration: 4 Weeks Onset Date:	•
Precautions:		
Physicians Name:	Martin Quiroga, DO	
Physicians Signature:	Date: 9/22/10	

4930



MUNDY PAIN CLINIC

6240 RASHELLE DR. SUITE 163 FLINT, MI 45507 PHONE: 810-232-9800, FAX: \$10-232-7710

· 	Occupational Therapy Frescription
Patients Ivame.	Date 2 8/11
Diagnosis: 1,	CUT ford concern ha
Diegnosis, 2.	(P) All den A
Diagnosis: 3	
Diagnosis: 4	
	\sim Ω
Evaluate & Trest	Area: Roll
Evaluate & Treat:	ATER: (P) phille
Evaluate & Treat:	
Evaluate & Treat:	Атер:
· Prequency: 3 tin	185/W86K Duration: 4 W88KS Onset Date.
Precautions:	
Physicians Name	Andrew Ruden M.D./
Physicians Signarme	Date: 2 [5] [1]

Jan. 5 2011 3:289M

** 2.940 # 2.940 86118631889346P



EP A

MUNDY PAIN CLINIC

5040 RASHELLE DR. SUITÊ 103 FLINT, MI 48507 PHONE: \$10-230-9800. PAX: \$10-222-7710

· .	Oscupation	<u>ial Therapy F</u>	rescription
Patienis Hama:			Date 1411
Diagnosis: 1.		a shall	dend
Diagnosis: 2.		post MVI	h/c
Diagnosis: 3		V	
Diagnosis: 4			
Evaluate & Treat:	🗸 Area:	Doel	
Evaluate & Treat.		(L) /	Koll
Evaluate & Trest:	Area:		
Evaluate & Trest:	<u>v-68.</u>	-	
Frequency: 3 time	s/w <u>eek</u> du	ration: 4 WƏ	SKS Conset Date: 4 27 10
Préceutions:			
Physicians Name:	Andrew R	Ruden M.D.	
Physicians Signature:_		· · · · · · · · · · · · · · · · · · ·	Date: 1 11 11 ·